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22204 7590 03/25/2005
NIXON PEABODY, LLP
401 9TH STREET, NW
SUITE 900 06/23/2005 HDEESS2 00000040 192380 10755479
WASHINGTON, DC 20004-2128
01 FC:2501 700.00 DA
02 FC:1504 300.00 DA
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Kathleen M. McManus	(Depositor's name)
<i>Kathleen M. McManus</i>	(Signature)
June 23, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/755,479	01/13/2004	Heinrich Lysen	741124-110	9933

TITLE OF INVENTION: PROCESS AND MEASUREMENT DEVICE FOR DETERMINING THE ALIGNMENT OF A CYLINDRICAL BODY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/27/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
COURSON, TANIA C	2859	033-412000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Nixon Peabody LLP;
2. David S. Safran
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pruftechnik Dieter Busch AG

Ismaning, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 19-2380 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David S. Safran

Date June 23, 2005

Typed or printed name

David S. Safran

Registration No. 27,997

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